



Department of Environmental Services

Engineering/Construction Division

300 Park Avenue, Falls Church, VA 22046

Phone: 703-248-5080 (TTY 711) Fax: 703-248-5214

Electrical Permit Application

Date _____

PERMIT NO. _____

Required fields are marked with ➤ and must be filled in. Please ensure that all required fields have been completed. If you are not using a mechanics' lien agent, please write "None" in that section. If there is no lessee, write "None" in that section.

ADDRESS OF BUILDING

➤ _____ Falls Church, VA ➤
Street Address Zip

APPLICANT/CONTRACTOR INFORMATION

MECHANICS' LIEN AGENT (Residential Only)

➤ Name _____ Phone ☐ H. ☐ O. ☐ C. ➤
➤ Address _____
➤ City _____ State _____ Zip Code _____
➤ VA State License Number _____ Class ☐ A. ☐ B. ☐ C.

BUILDING OWNER INFORMATION

LESSEE INFORMATION

➤ Name _____ Phone ☐ H. ☐ O. ☐ C. ➤
➤ Address _____
➤ City _____ State _____ Zip Code _____

MASTER ELECTRICIAN

CONTRACT PRICE

➤ Name: _____ ➤ VA State License #: _____ ➤ Expires: _____ ➤ \$ _____

TYPE OF WORK

Qty	Item	Qty	Item
	Circuits		Distribution Panels 0-600 Amps: _____ 601+ Amps: _____
	Fixtures: _____ Switches: _____ Outlets up to 20 Amps: _____		Transformers
	Outlets over 20 Amps		Outdoor Signs
	Appliances Hard-Wired to a Circuit (i.e., not plugged in to an outlet) List: _____		Service: <input type="checkbox"/> Temporary <input type="checkbox"/> New <input type="checkbox"/> Heavy-Up <input type="checkbox"/> Up to 600 Amps <input type="checkbox"/> Over 600 Amps
	Annual Pool Inspection		Other: _____
	Motor and Generators (List by HP and KW, Respectively)		Heating and Heat Pump Backup Heat (List Units and Specify KW)

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all applicable laws, codes, and ordinances of the City of Falls Church.

➤ Signature of Applicant _____ Date _____ Address _____
➤ Print Name _____ Phone to Call When Permit Ready _____ City _____ State _____ Zip Code _____

The City of Falls Church is committed to the letter and spirit of the Americans with Disabilities Act. This document will be made available in alternate format upon request. Call 703 248-5080, (TTY 711).

OFFICIAL USE ONLY

Approvals

Permit Fee

Zoning _____

Date _____

Base Permit Fee _____

1.75% State Levy _____

Building Official _____

Date _____

Total Permit Fee _____